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The total number of deaths and the death rate, by leading causes, together with the percentage which each cause contributed to the total, in the death registration area in continental United States: 1919 and 1920—Continued.

Cause of death.	Number of deaths.		Rate per 100,000 population.		Per cent of total.	
	1919	1920	1919	1920	1919	1920
Suicide—Continued.						
By drowning.....	684	555	0.8	0.1	0.6	(4)
By jumping from high places.....	289	247	.3	.3	(4)	(4)
By crushing.....	100	97	.1	.1	(4)	(4)
Other suicides.....	115	94	.1	.1	(4)	(4)
Syphilis.....	7,347	7,969	8.6	9.1	.7	0.7
Measles.....	3,296	7,712	3.9	8.8	.3	.7
Angina pectoris.....	6,538	7,571	7.7	8.6	.6	.7
Acute endocarditis.....	5,955	6,861	7.0	7.8	.5	.6
Typhoid fever.....	7,860	6,805	9.2	7.8	.7	.6
Cirrhosis of the liver.....	6,704	6,241	7.9	7.1	.6	.5
Homicide (total).....	6,386	6,205	7.5	7.1	.6	.5
By firearms.....	4,567	4,477	5.4	5.1	.4	.4
By cutting or piercing instruments.....	687	645	.8	.7	.1	.1
By other means.....	1,132	1,083	1.3	1.2	.1	.1
Paralysis without specified cause.....	6,146	5,828	7.2	6.7	.6	.5
Puerperal septicemia.....	4,950	5,800	5.8	6.6	.5	.5
Meningitis.....	5,508	5,281	6.5	6.0	.5	.5
General paralysis of the insane.....	4,823	5,030	5.7	5.7	.4	.4
Anemia, chlorosis.....	4,149	4,787	4.9	5.5	.4	.4
Rheumatism.....	3,907	4,287	4.6	4.9	.4	.4
Scarlet fever.....	2,383	4,004	2.8	4.6	.2	.4
Dysentery.....	3,732	3,574	4.4	4.1	.3	.3
Malaria.....	3,275	3,136	3.8	3.6	.3	.3
Erysipelas.....	2,186	2,721	2.6	3.1	.2	.2
Fellagra.....	2,806	2,322	3.3	2.7	.3	.2
Smallpox.....	358	503	.4	.6	(4)	(4)
All other defined causes.....	103,247	109,985	121.2	125.7	9.4	9.6
Unknown and ill-defined causes.....	15,603	15,505	18.3	17.7	1.4	1.4

* Less than one-tenth of 1 per cent.

FOOT DEFECTIVENESS IN SCHOOL CHILDREN.

A PRELIMINARY REPORT ON THE RESULTS OF THE EXAMINATION OF 356 SCHOOL CHILDREN IN NEW YORK CITY.

By MAURICE J. LEWIS, M. D., President, The First Institute of Podiatry, of New York City.²

Through the cooperation of Dr. A. K. Aldinger, head of the division of physical training, New York City Department of Education, and Dr. Josephine A. Baker, chief of the division of hygiene, New York City Board of Health, arrangements were made for the examination of the feet of the pupils of one of the public schools in New York City.

The pupils examined ranged from the grammar school grade to the grade of teacher's training classes.

² The examinations were conducted by the clinic staff of The First Institute of Podiatry of New York City, under the direction of Otto F. Schuster, chief of the orthopedic department of the Foot Clinics of New York City. The following orthopedic surgeons served as consultants: Arthur H. Cilley; Herbert A. Dunham; Sigmund Epstein.

foot defectives among children of school age, but the figures and facts here presented as the result of this census show that they have undershot the mark by a wide margin. Most of the deviations from normal are of a character which will admit of correction and cure, if properly treated; whereas if neglected, they will tend to cripple and to impair the efficiency of those affected. Parents, school boards, and health boards should cooperate so that all growing children may be afforded opportunity to be similarly examined with a view to the discovery of any existing or threatening foot defects, in order that exercises and treatment may be prescribed that will tend to make them foot-sound.

AN OCCUPATIONAL DERMATOCONIOSIS AMONG ZINC OXIDE WORKERS.

By JOHN A. TURNER, Passed Assistant Surgeon (R), United States Public Health Service.

The rapid advancement in industrial medicine during the past few years has brought a decided increase to our knowledge of the various types of occupational skin affections. As to the prevalence of skin affections in trades, Knowles says that "Almost one-sixth of all skin cases are due to the occupations of the individual. Practically every occupation and every irritant can produce an eczema."³

During a recent investigation, in a zinc oxide manufacturing plant, of the effects of inhaling zinc oxide dust, the writer's attention was directed to the frequent occurrence of a troublesome skin disease affecting the employees who are exposed to this dust. Available literature on this disease gives very meager information. Kober and Hanson⁴ mention the existence of a dermatitis among oxide workers, but do not describe it.

The workers in the plant visited call the disease "oxide pox." No explanation was obtainable as to the origin of the name, but it is presumed that the similarity in appearance of the disease to the smallpox eruption might account for it.

OCCURRENCE.

Of the 17 men examined, who are exposed to the oxide dust, 14 gave a history of having, or having had, attacks of "oxide pox." Of the 7 men employed in the bagroom department, 5 gave a positive and 2 a negative history; and of the 10 men working in the packing department, 9 gave a positive and 1 a negative history. Of the entire group, 8 were suffering from the affection at the time of investigation.

³ R. Prosser White, citing Knowles, *Brit. Jour. Derm.*, 1913, Vol. XXV, p. 275 (Abst.).

⁴ Kober and Hanson, *Diseases of Occupation and Vocational Hygiene* (1916), p. 503.